

Registration Form

Please fill out and return the following information to the park with first registered week's payment. Choose the camp session(s) you would like your child to attend and his/her t-shirt size. All campers must be of age by the first day of their camp session. All camps are filled on a first come, first serve basis. If you must cancel, refunds are not available but a credit will be given, good to use for any Parks and Recreation program.

Name: Last _____ First _____ MI ____ M ____ F ____

Address: _____

City: _____ State: _____ Zip: _____ Birthday: _____ Age: _____

Has your child attended this camp before? Yes ____ No ____

Parent/Guardian: _____

Home Phone: _____ Work/Cell Phone: _____

Email Address: _____

Would you like to be added to our email list? Yes ____ No ____

T-shirt size: (please circle one)

Child SM Child M Child LG Adult SM Adult M Adult LG Adult XL

Please check appropriate camp session(s)

	4-5 year olds*		6-7 year olds		8-9 yrs	10-12 yrs	Camp Themes
	Half Day 7:30 am- 12 pm	Full Day* 7:30 am- 5:30 pm	Half Day 7:30 am- 12 pm	Full Day 7:30 am- 5:30 pm	Full Day 7:30 am- 5:30 pm	Full Day 7:30 am- 5:30 pm	
6/17-6/21							Olympics
6/24-6/28							Wacky Water
7/1-7/5	-----	-----	-----	-----	-----	-----	NO CAMP
7/8-7/12							Mad Scientist
7/15-7/19							Astonishing Animals
7/22-7/26							The Night Sky
7/29-8/2							Amazing Race
8/5-8/9							Outdoor Adventure

* Full day campers must have completed a year of school unless approved by Camp Director. (Excluding field trip and pool days)

Fees:

Half day \$60 a week
Full Day \$100 a week

Payments **must** be received by Friday before the session registered.
Please make checks payable to **Lee County Parks and Recreation**.
Call San-Lee Park 919-776-6221 for more information.
Office hours are Monday-Friday 8 am-5 pm. Ask for Carrie Council.

Warning, Liability, Release, and Acknowledgment and Assumption of Risks:

I understand that participation in this recreational program involves the risk of injury. I further understand that before participating in this program I should consult a physician for advice. By signing this form I acknowledge all risks of injury and death and affirm I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the program and to follow reasonable instructions of the coaches/supervisors of the program. Furthermore, in return for the opportunity to participate in this program I agree for myself, and my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment of any kind from the County, its employees or its agents for bodily injury or death resulting from this program, and to release those parties from any liability for damages resulting from my injuries or death. I understand the County provides no insurance.

Parent/Guardian Print: _____ **Relationship:** _____

Parent/Guardian Signature: _____